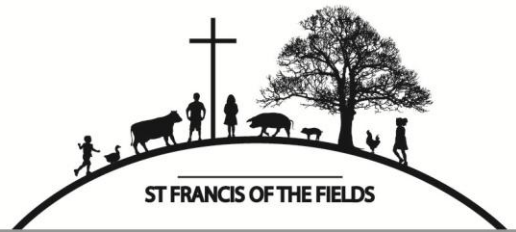




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principal@sfstrathfieldsaye.catholic.edu.au
phone. 5439 3191
fax. 5439 3192
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AUTHORITY TO PAY CONVEYANCE ALLOWANCE

FAMILY NAME: _____

Parent Claiming Conveyance Allowance: _____

Please pay Conveyance Allowance to the following bank account -

BSB: _____ - _____ Acc No: _____

Account Name: _____

Bank: _____ Branch: _____

Email address for notification of payment into parent's bank:

_____ @ _____

Signature: _____

Dated: / /2025

OR

I authorise Conveyance Allowance payments due to me be allocated to my school fee account.

Signature: _____

Dated: / /2025